

OFFICIAL OFFICE USE ONLY		DATE RECEIVED:
Application #:	Inspection Date:	Rebate \$
Approved <input type="checkbox"/>	Comments:	Toilet #:
Disapproved <input type="checkbox"/>	Signature:	Date:



BUSINESS APPLICATION: THIS APPLICATION IS FOR BUSINESSES. CHECKS WILL BE MADE TO THE BUSINESS NAME UNLESS OTHERWISE NOTED. Print in Blue or Black ink only.					
APPLICANT IS THE: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		Business Type:			
BUSINESS NAME:		Contact Name:			
CHECK PAYABLE TO: <input type="checkbox"/> Business Name <input type="checkbox"/> Contact					
Email:		Phone: () -			
Water Account #		Account Name:			
Service Address (as appears on bill):		City:	State:	Zip:	
Mailing Address (For Rebate):		City:	State:	Zip:	
OLD TOILET INFORMATION (READ GUIDELINES FOR DIAGRAM)					
# of Toilets	TANK MEASUREMENTS (INSIDE)			OFFICIAL USE: GPF	
	Length:	Width:	Water level depth:		
Additional Comments (Toilet age)					
NEW TOILET INFORMATION					
# of Toilets	Brand:	Model:	Install Date:	Price (plus tax):	OFFICIAL USE: EPA #

TURN OVER TO COMPLETE →

DISCLAIMER

- Rebates are only available to City of Raleigh water or sewer customers. Rebate(s) will not be disbursed to customers whose account owes past due fees or to those who do not purchase an EPA **WaterSense** labeled toilet(s).
- **Original receipt(s) for the toilet(s) listed on this application must be included with the application.** Rebate(s) will cover only the cost of the toilet. Installation charges will not be included in this rebate.
- Applicants must dispose of their old toilets properly. The City of Raleigh is not responsible for improper disposal methods.
- Filing an application does not ensure rebate disbursement. Program is not responsible for materials lost by mail. Rebates are granted on a first-come, first serve basis, while funding and supplies last. Program is subject to change or terminate without prior notice.
- **The City of Raleigh makes no warranties or representations that the HET toilet selected by the applicant will perform as represented by its manufacturer or seller or that reduced water consumption will occur for use of the HET toilet. The City of Raleigh is not responsible for the work of the installer, whether a licensed plumber or otherwise.**

OWNER/MANAGER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- ☐ I acknowledge that I have the authority to retrofit the toilet(s) at the location on this application.
- ☐ These toilet(s) were installed at the addresses provided in this application and I agree to an inspection of ALL toilet(s).
- ☐ I acknowledge that I am either the water account holder, or I will show consent (below) from the account holder to use consumption data for program monitoring.
- ☐ I have read and agree to the program guidelines and conditions.
- ☐ I have included the original receipts for the toilet listed on this application.

POSITION TITLE _____

FULL NAME (ALL CAPS) _____

SIGNATURE _____ DATE _____

TO BE COMPLETED BY THE ACCOUNT HOLDER (IF SEPARATE PERSON)

- ☐ I acknowledge that I am the City of Raleigh water account holder for the address listed on this application. I agree to the use of my consumption data for program monitoring

FULL NAME (ALL CAPS) _____

SIGNATURE _____ DATE _____

APPLICATION MUST BE MAILED WITH ORIGINAL RECEIPT TO:

City of Raleigh
C/O Toilet Rebate Program
One Exchange Plaza, Suite 620
Raleigh, NC 27602